

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4564AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2010
NAME OF PROVIDER OR SUPPLIER JTM GROUP CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1435 AKARD DRIVE RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/24/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 178	<p>449.209(5) Health and Sanitation-Maintain Int/Ext</p> <p>NAC 449.209</p> <p>5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p>	Y 178		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1 This Regulation is not met as evidenced by: Based on observation and interview on 3/24/10, the facility failed to ensure that the side and back yards were kept free of accumulations of discarded broken items (metal railing, fencing, televisions, board, mattress and barrels) and failed to ensure the heater closet was clean (large amounts of dust and cobwebs). Severity: 2 Scope: 2	Y 178			
Y 250 SS=E	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Based on observation and interview on 3/24/10, the food preparation area was not clean allowing for the sanitary preparation of food (refrigerator and freezer - sticky spills and food debri, stove-hood/microwave exterior greasy). Severity: 2 Scope: 2	Y 250			
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection	Y 435			

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Y 435	<p>Continued From page 2</p> <p>NAC 449.229</p> <p>4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.</p> <p>This Regulation is not met as evidenced by: Based on observation on 3/24/10, the facility failed to ensure that 1 of 1 facility fire extinguisher was fully charged.</p> <p>Severity: 1 Scope: 3</p>	Y 435			

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